CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		OMB NO	P. 7 10/08/2 FORM APPRO OMB NO. 0938-0 (X3) DATE SURVEY	
		44E232			COMPLETED		
BLEDSOE COUNTY NURSING HOME			\$TR	STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREVILLE, TN 37367 ID PROVIDER'S PLAN OF CORRECTION (XX) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
	Doors protecting con required enclosures hazardous areas are those constructed of wood, or capable of minutes. Doors in sprequired to resist the no impediment to the are provided with a minute door closed. Dute are permitted.	hibitos tu or re	K 018	L) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THE RESIDENTS FOUND TO EAFFECTED BY THE DEFICENT PRACTICE? Maintenance department trimm the door protection from the droom 102 to allow the door to without sticking to the door from 10/10/12	HOSE BE ned oor in	Ufiofi	
f. co	acility failed to maintai corridors. The findings included: On 9/22/12 at 10:30 Afficient room 102 entry as sticking to the document of the food on fifteen (15 lbf) poulose.	y door revealed the door r frame and required more ind force to open and		2.) HOW WILL YOU DENTIFY OTHER RESIDENTS HAVIN THE POTENTIAL T BE AFFECTED BY SAME DEFICIENT PRACTICE? Maintenance department will c all of the doors of the resident's rooms to ensure no other doors sticking to the door frame by 11/10/12	NG FO THE		
	he finding was acknow	viedged by the UPPLIER REPRESENTATIVE'S SIGNATU	JRE	TITLE		Mar-	
eficiency s	tatement ending with an as	lerisk (*) denotes a deficiency which to on to the pallents. (See instructions.) is a plan of correction is provided. For no e made available to the facility. If defi-	he Institution m	ninistrato	10	DATE VIT/IZ	

Event ID: L0M821

Facility ID: TN0401

If continuation sheet Page 1 of 3

DEFOCE 17. 2012 - 7:50 PMND ERLANGER BLEDSOE ADM 4234475289 No. 1705 CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 10/08/2012 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 01 - MAIN BUILDING 01 44E232 B. WING NAME OF PROVIDER OR SUPPLIER 09/23/2012 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE (X4) ID PREFIX PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION TAG DATE DEFICIENCY) NFPA 101 LIFE SAFETY CODE STANDARD K 018 \$S=D K 018 3.) WHAT MEASURES Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or WILL BE PUT INTO hazardous areas are substantial doors, such as PLACE OR WHAT those constructed of 11/4 inch solid-banded core CHANGES WILL YOU wood, or capable of resisting fire for at least 20 MAKE TO ENSURE minutes. Doors in sprinklered buildings are only THAT THE DEFICIENT required to resist the passage of smoke. There is PRACTICE DOES NOT no impediment to the closing of the doors. Doors RECUR? are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 Maintenance department will check are permitted. 19.3.6.3 all of the doors of the resident's rooms to ensure no other doors are Roller latches are prohibited by CMS regulations sticking to the door frame by in all health care facilities. 11/10/12 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the doors protecting the 4.) HOW THE CORRECTIVE corridors. ACTION(S) WILL BE MONITORED TO ENSURE The findings included: THE DEFICIENT PRACTICE WILL NOT RECUR? On 9/22/12 at 10:30 AM, observation of the resident room 102 entry door revealed the door Maintenance staff will continue to was sticking to the door frame and required more monitor all resident room doors to than fifteen (15 lbf) pound force to open and ensure all doors open and close close. properly without sticking. The finding was acknowledged by the LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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Event ID: L8M821

Facility ID; TN0401

If continuation sheet Page 1 of 3

DEPOCE 17. 2012 7:51PM HERLANGER BLEDSOE ADM 4234475289 No. 1705 INTEL 90/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 01 - MAIN BUILDING 01 B. WING_ 44E232 NAME OF PROVIDER OR SUPPLIER 09/23/2012 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37387 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX D REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X6) COMPLETION DATE CROSS REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 018 | Continued From page 1 Administrator and verified by the Maintenance K 018 Director during the exit interview on 9/22/12. NFPA 101 LIFE SAFETY CODE STANDARD K 025 K 025 SS≃E K 025 Smoke barriers are constructed to provide at 11/19/12 least a one half hour fire resistance rating in 1.) WHAT CORRECTIVE accordance with 8.3, Smoke barriers may ACTION WILL BE terminate at an atrium wall. Windows are ACCOMPLISHED FOR THOSE protected by fire-rated glazing or by wired glass RESIDENTS FOUND TO BE panels and steel frames. A minimum of two AFFECTED BY THE separate compartments are provided on each DEFICENT PRACTICE? floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. Maintenance Department placed a 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 blank cover over open area on wall in HIM office. 10/3/12 This STANDARD is not met as evidenced by: Based on observations, it was determined the 2.) HOW WILL YOU facility failed to protect the fire and smoke IDENTIFY OTHER barriers. RESIDENTS HAVING THE POTENTIAL TO The findings included: BE AFFECTED BY THE SAME DEFICIENT On 9/22/12 at 1:00 AM observation within the PRACTICE? health information management office revealed a penetration in the corridor side wall. Maintenance department will check all walls in the nursing home for This finding was acknowledged by the penetrations by 11/10/12 Administrator and verified by the Maintenance Director during the exit interview on 9/22/12.

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K 050 SS≈F NFPA 101 LIFE SAFETY CODE STANDARD

Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware

Event ID:L8M821

Facility ID: TN0401

K 050

if continuation sheet Page 2 of 3

DEFOCT. 17. 2012 7:51PMND FERLANGER BLEDSOE ADM 4234475289 No. 1705-RINP.__1010/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 8. WING 44E232 NAME OF PROVIDER OR SUPPLIER 09/23/2012 STREET ADDRESS, CITY, STATE, ZIP GODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION DATE TAG DEFICIENCY) Continued From page 1 Administrator and verified by the Maintenance K 018 Director during the exit interview on 9/22/12. NFPA 101 LIFE SAFETY CODE STANDARD K 025 K 025 SS=E 3.) WHAT MEASURES Smoke barriers are constructed to provide at WILL BE PUT INTO least a one half hour fire resistance rating in PLACE OR WHAT accordance with 8.3. Smoke barriers may CHANGES WILL YOU terminate at an atrium wall. Windows are MAKE TO ENSURE protected by fire-rated glazing or by wired glass THAT THE DEFICIENT panels and steel frames. A minimum of two PRACTICE DOES NOT separate compartments are provided on each floor. Dampers are not required in duct RECUR? penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. Maintenance department will check 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 all walls in the nursing home for penetrations by 11/10/12 4.) HOW THE CORRECTIVE This STANDARD is not met as evidenced by: ACTION(S) WILL BE Based on observations, it was determined the MONITORED TO ENSURE facility failed to protect the fire and smoke THE DEFICIENT PRACTICE barriers. WILL NOT RECUR? The findings included: Maintenance staff will continue to monitor for other penetrations On 9/22/12 at 1:00 AM observation within the throughout the facility on a regular health information management office revealed a basis. penetration in the corridor side wall. This finding was acknowledged by the Administrator and verified by the Maintenance

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K 050

SS=F

Director during the exit interview on 9/22/12. NFPA 101 LIFE SAFETY CODE STANDARD

Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware

Event ID: LBM821

Fecility ID: TN0401

K 050

If continuation sheet Page 2 of 3

DEOct. 17. 2012 7:51PMAND ERLANGER BLEDSOE ADM 4234475289 No. 1705 CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 10/08/2012 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA <u>OMB NO, 0938-0391</u> (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 01 - MAIN BUILDING 01 B. WING 44E232 NAME OF PROVIDER OR SUPPLIER 09/23/2012 STREET ADDRESS, CITY, STATE, 2IF CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (XS) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 2 K 050 K 050 that drills are part of established routine. Responsibility for planning and conducting drills is <u>K 050</u> 11/10/12 assigned only to competent persons who are qualified to exercise leadership. Where drills are 1.) WHAT CORRECTIVE conducted between 9 PM and 6 AM a coded ACTION WILL BE announcement may be used instead of audible ACCOMPLISHED FOR THOSE alarms. 19.7.1.2 RESIDENTS FOUND TO BE AFFECTED BY THE DEFICENT PRACTICE? This STANDARD is not met as evidenced by: No particular resident was affected. Based on observations during the fire drill, the facility failed to train the staff on fire drill Maintenance Department will procedures. conduct extra fire drills on each shift The findings included: until all employees are re-trained. On 9/23/12 at 12:30 PM, observation within the South Hall area during the fire drill revealed there was a food cart obstructing the corridor access. This finding was acknowledged by the 2.) HOW WILL YOU Administrator and verified by the Maintenance **IDENTIFY OTHER** Director during the exit Interview on 9/23/12, RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? No resident was affected, however all residents have the potential to be affected.

Continued

CENTERS TO THE TENTE OF THE PROPERTY OF THE PR No. 1705 P. 12 10/08/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES FORM APPROVED AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION OMB NO. 0938-0391 IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME 09/23/2012 STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X6) COMPLETION DATE TAG DEFICIENCY) K 050 Continued From page 2 3.) WHAT MEASURES that drills are part of established routine. K 050 WILL BE PUT INTO Responsibility for planning and conducting drills is PLACE OR WHAT assigned only to competent persons who are CHANGES WILL YOU qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded MAKE TO ENSURE announcement may be used instead of audible THAT THE DEFICIENT PRACTICE DOES NOT alarms. 19.7.1.2 RECUR? Extra fire drills have been This STANDARD is not met as evidenced by: conducted 10/12/12 and 10/15/12 Based on observations during the fire drill, the facility failed to train the staff on fire drill Maintenance Department will procedures, conduct at least 1 (one) fire drill on each shift until all employees are re-The findings included: trained. On 9/23/12 at 12:30 PM, observation within the By 11/10/12 South Hall area during the fire drill revealed there was a food cart obstructing the corridor access. Maintenance staff will continue to This finding was acknowledged by the give instructions during the annual Administrator and verified by the Maintenance update/orientations conducted Director during the exit interview on 9/23/12, monthly regarding proper fire drill procedures. Maintenance staff will double check both halls during fire drills to ensure the halls are cleared of equipment. 4.) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE

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Event ID: LBM821

the halls are cleared of equipment.

WILL NOT RECUR?

Maintenance staff will double check both halls during fire drills to ensure.

If continuation sheet Page 3 of 3